

## CLAIMS ONLY

Application Number

10/605,513

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*      *      *	*      *      *	*      *      *
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2		1					52		
3							53		
4							54		
5							55		
6							56		
7	1						57		
8		1					58		
9							59		
10							60		
11							61		
12							62		
13	1						63		
14		1					64		
15							65		
16							66		
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18							68		
19		1					69		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	3						Total Indep		
Total Depend	16						Total Depend		
Total Claims	19						Total Claims		